



# TOWN OF SMITHTOWN

## SCHOOL AGE CHILD CARE

**MAUREEN FIORELLO**

Director

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### Supervisor

Patrick R. Vecchio

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Kevin J. Malloy

## FORM LETTER FOR AUTHORIZED PICK-UP

Today's Date: \_\_\_\_\_

School Age Child Care requires any changes to your authorized pick up list to be submitted to our office in writing (mailed or faxed). **A minimum of 48 hours notice in advance is required.** The individual(s) must be 18 years or older and proper Identification must be presented at time of pick-up.

Please Note: If your child/children will be attending a club before or after school, the club leader must be included on your authorized pick up list and must sign the child/children in and out. The child/children cannot leave the SACC program unsupervised.

Please add the following individual(s) to the authorized pick up list for my child/children

\_\_\_\_\_ who attend the School Age Child Care Program at

\_\_\_\_\_ Elementary School to become effective as of

\_\_\_\_\_.

**First & Last Name**

**Phone #**

**Cell Phone #**

**Relationship**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please remove the following individual(s) from the authorized pick up list for my child/children

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_